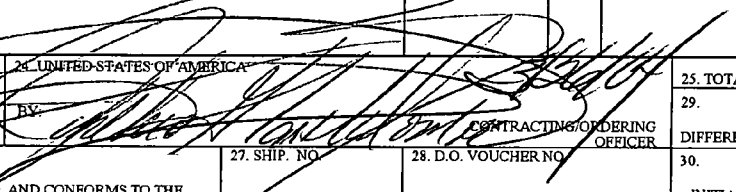


<b>ORDER FOR SUPPLIES OR SERVICES</b>						Form Approved OMB No. 0704-0187 Expires Jun 30, 1997		PAGE 1 OF <b>4</b>	
(Contractor must submit four copies of invoice.)									
Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0187), Washington, DC 20503.									
PLEASE <b>DO NOT</b> RETURN YOUR FORM TO EITHER OF THESE ADDRESSES. SEND YOUR COMPLETED FORM TO THE PROCUREMENT OFFICIAL IDENTIFIED IN ITEM 6.									
1. CONTRACT/PURCH ORDER NO. <b>DAAH23-99-G-0014</b>		2. DELIVERY ORDER NO. <b>UBT4</b>		3. DATE OF ORDER (YYMMDD) <b>2004 MAR 31</b>		4. REQUISITION/PURCH REQUEST NO. <b>YPC04040001375</b>		5. PRIORITY <b>DOC9</b>	
6. ISSUED BY <b>Defense Supply Center Columbus 3990 E. Broad St. P.O. Box 16704 Columbus, OH 43216-5010 Local Administrator: PNNANQ (614)692-7520 / FAX: (614)692-6906 E-mail: Cynthia.Bartholemew@dla.mil</b>		CODE <b>SP0700</b>		7. ADMINISTERED BY (If other than 6) <b>DCMA PHOENIX 2 RENAISSANCE SQUARE 40 N CENTRAL AVE SUITE 400 PHOENIX, AZ 85004-4400</b>		CODE <b>S0302A</b>		8. DELIVERY FOB <input type="checkbox"/> DEST <input checked="" type="checkbox"/> OTHER (See Schedule if other)	
9. CONTRACTOR <b>MCDONNELL DOUGLAS HELICOPTER COMPAN 5000 E. MCDOWELL ROAD MESA AZ 85215-9797</b>		CODE <b>8V613</b>		FACILITY CODE		10. DELIVER TO FOB POINT BY (Date) (YYMMDD) <b>210 DAYS ADO</b>		11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED	
NAME AND ADDRESS						12. DISCOUNT TERMS <b>NET 30 days</b>		13. MAIL INVOICES TO <b>See Block 15</b>	
14. SHIP TO <b>See Schedule - Do Not Ship to Address in Block 6</b>		CODE		15. PAYMENT WILL BE MADE BY <b>HQ0339</b>		CODE <b>HQ0339</b>		MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER	
				<b>HQ0339 DFAS COLUMBUS CENTER WEST ENTITLEMENT OPERATIONS P O BOX 182381 COLUMBUS OH 43218-2381</b>				<b>EFT: T</b>	
16. TYPE OF ORDER		DELIVERY <input checked="" type="checkbox"/>		This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract.					
		PURCHASE		Reference your <b>offer dated 2004 MAR 05, Ms. Nanette C. Molina</b> and furnish the following on terms specified herein.					
ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.									
NAME OF CONTRACTOR SIGNATURE TYPED NAME AND TITLE DATE SIGNED (YYMMDD)									
If this box is marked, supplier must sign Acceptance and return the following number of copies:									
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE <b>CG: 97X4930 5CC0 001 26.0 S33150</b>									
18. ITEM NO.	19. SCHEDULE OF SUPPLIES/SERVICE			20. QUANTITY ORDERED/ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT		
	Remarks: <b>CONFIRMING ORDER - DO NOT DUPLICATE ACCELERATED DELIVERY IS ACCEPTABLE AND DESIRED AT NO COST TO THE GOVERNMENT.</b>			<b>TOTAL: 2</b>					
* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.				24. UNITED STATES OF AMERICA BY 		25. TOTAL \$ <b>228.00</b>			
26. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED				27. SHIP. NO.		28. D.O. VOUCHER NO.		29. DIFFERENCE	
DATE SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE				<input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		32. PAID BY		33. AMOUNT VERIFIED CORRECT FOR	
36. I certify this account is correct and proper for payment.				31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL				34. CHECK NUMBER	
DATE SIGNATURE AND TITLE OF CERTIFYING OFFICER								35. BILL OF LADING NO.	
37. RECEIVED AT	38. RECEIVED BY (Print)			39. DATE RECEIVED (YYMMDD)	40. TOTAL CONTAINERS	41. S/R ACCOUNT NUMBER	42. S/R VOUCHER NO.		

## CONTINUATION SHEET

Order Number:

DAAH23-99-G-0014-UBT4

PAGE OF PAGES

2

4

## SECTION B

PR YPC04040001375

CAGE/PN 02731 7311180041

CAGE SDC NAME - ADDRESS

02731 A 5000 E MCDOWELL RD M/S MS10-A386

MESA AZ 85215-9797

## ITEM DESCRIPTION:

<u>ITEM</u>	<u>PR</u>	<u>PRLI</u>	<u>QUANTITY</u>	<u>UNIT</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
0001	YPC04040001375	0001	2	EA	\$114.00000	\$228.00

QTY VARIANCE: PLUS 0% MINUS 0%  
INSPECTION POINT: ORIGIN  
ACCEPTANCE POINT: ORIGIN

## EXCEPTION DATA:

NOTE: 3/26/04

THE BOEING COMPANY REFERENCE QUOTE NO#: 04-DH-E140-04136/AOG04033

-----  
THE BOEING COMPANY DATE OF QUOTE: MARCH 5, 2004  
-----P/N: 7-311180041-249  
-----ITEM: INSULATION  
-----

COMPANY: THE BOEING COMPANY

POC: MS. NANETTE C. MOLINA

CONTRACTS AND PRICING ADMINISTRATOR

AEROSPACE SUPPORT CONTRACTS AND PRICING

THE BOEING COMPANY(MESA)

E140, MC M543-D218

PHONE: 1 480 891 7542

FAX: 1 480 891 3623

EMAIL: nanette.c.molina@boeing.com  
-----

NOTE 2:

THE BOEING COMPANY IS AUTHORIZED TO SHIP LESS NSN IF ONE HAS NOT  
BEEN ASSIGNED.  
-----

CONTINUED ON NEXT PAGE

## SECTION B

NOTE 3:

THANK YOU!

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PREP FOR DELIVERY

COMMERCIAL PRACTICE PPP WITH MIL-STD-129 MARKING.

DELIVERY FOB: ORIGIN BY: 2004 OCT 27

PARCEL POST ADDRESS:

W81CL8  
SR W0VC MAINT DIV PB CONT  
HOOD ARMY AIRFIELD  
BLDG 745 COBRA LOOP  
FORT HOOD TX 76544-5060

FREIGHT SHIPPING ADDRESS:

CONTACT TRANS OFF AT ADMIN OFF PRIOR TO SHIPMENT

M/F: (TCN) W81G0340370901 XXX  
RDD N01/NMCS CONTACT TRANS OFFICE AT ADMIN OFFICE PRIOR TO SHIPMENT  
PROJ FD5 TP 1  
SUP ADD W81CL8 SIG K

ADDED MARKING FOR FREIGHT SHIPPING ADDRESS:

W81CL8

FOR GOVERNMENT USE ONLY: IPD 02

DIC A05 DIST RHB ADV FC FG

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CONTINUED ON NEXT PAGE

SECTION B

REMIT PAYMENT TO:

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